

## PLACE OF BIRTH

## ARIZONA STATE BOARD OF HEALTH

1. County of Gila

District of \_\_\_\_\_

Town of Hayden

or

City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTHState Index No. 127

County Registrar No. \_\_\_\_\_

Local Registrar No. 42No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2. Full name of child Siprianus Rodriguez { If child is not yet named, make supplemental report, as directed.3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 5. No., in order of birth \_\_\_\_\_ 6. Legitimate? Yes 7. Date of birth June 1 1928  
Month Day Year8. FATHER Full name Siprianus Rodriguez 14. MOTHER Full maiden name Lorenza Moreno9. Residence (Usual place of abode) Hayden 15. Residence (Usual place of abode) Hayden  
If non-resident, give place and state.10. Color or race Mexican 11. Age at last birthday 28 (Years) 16. Color or race Mexican 17. Age at last birthday 20 (Years)12. Birthplace (city or place) Jalisco Mexico 18. Birthplace (city or place) El Paso Texas  
(State or country)13. Occupation Copper Smelter 19. Occupation Housewife  
Nature of Industry20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? Yes

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at 1:00 P.M. on the date above stated

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Siprianus Rodriguez (Physician or midwife)Address Hayden ArizGiven name added from a supplemental report \_\_\_\_\_ Filed July 9 1928 W.T. Dubb Local Registrar.

Month, day, year

Filed \_\_\_\_\_, 19 \_\_\_\_\_

Registrar

County Registrar.

299-601-346

N. B.—In case of more than one child at a birth, this is a PERMANENT RECORD. SEPARATE RETURN must be made for each, and the number of birth stated.